

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 625642 FILING DATE

APPLICANT(S)

3/2/6 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2	1				1		52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9	1				1		59						
10	1				1		60						
11	1				1		61						
12	1				1		62						
13	1				1		63						
14	13				13		64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓			4	↓							
TOTAL DEP.	23	←			31	←							
TOTAL CLAIMS	26				35								